

Bluebird Care

Customer Survey 2022



BLUEBIRD CARE CUSTOMER SATISFACTION SURVEY 2022



Dear Customer,

As a **valued customer**, we are inviting you to take part in our **annual quality survey**, which is enclosed in this booklet. For us to continue to improve the quality of care we deliver we would like to ask you to take a few minutes to answer the following questions.

Principally by asking you, our customer, to **feedback** on our service we are able to assess what things have gone well and areas we should focus on to improve.

Covid-19 caused us necessary changes in our everyday practices to assure Care and Safety. As we see our communities easing their pandemic protocols, there is some genuine **optimism** for the future. As your dedicated Home Care Provider we have navigated our way to a new 'normal'. With most restrictions still in place for **Social Care Providers**; to include use of PPE, daily testing and general infection control measures you would think we were standing still. However, we want to keep **moving forward**, we acknowledge that the landscape has changed, we must **adapt accordingly**, whilst still delivering **person-centred Care** with safety as our highest priority alongside adding genuine **value** to our Customers' lives. Forever pushing forward to deliver outstanding service and beyond.

As the Director of this business I am very aware that my teams have performed admirably during this difficult time. We have worked very hard to sustain our '**Outstanding**' by the CQC and we thank you, **our customers**, their families and wider support networks for working with us.

So, we welcome the change that is ahead of us and we remain focused and committed to continuous improvement and look forward to your insight to help get us there.

Please remember, there are **NO** right or wrong answers. It is your honest feedback we are seeking. Your completed survey will be treated in the strictest of confidence. Enclosed is a Bluebird Care pen to make it easier for you to complete.

If you have any questions with regards to this survey or any of its contents please contact our **Deputy Care Manager**, Abby Domp, on 01780 480881 or email stamford@bluebirdcare.co.uk.

Leisa MacKenzie
Director & Business Owner

Section 1 - About your Care

This section is about the care you receive. We would like your feedback about the care that you receive on a regular basis.

1. Please enter your full name

2. Do all your Care Workers arrive at a specified time?

Yes

No

3. Are you informed if your Care Worker is going to be more than 15 minutes late?

Yes

No

4. Are you informed if there is a change in Care Worker?

Yes

No

5. Are the 'Tasks' that make Care Plan carried out properly and professionally?

Yes

No

6. Are all the tasks in your Care Plan completed at each visit?

Yes

No

7. Is there anything NOT in your Care Plan, which your Care Worker carries out regularly that should be added to your Care Plan?

Yes

No

If YES, please give details

8. Please rate your level of agreement to the below statement:

My Carers remind me to take my medication at the correct time.

- | | |
|--|---|
| <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Disagree |
| <input type="checkbox"/> Agree | <input type="checkbox"/> Strongly Disagree |
| <input type="checkbox"/> Somewhat Agree | <input type="checkbox"/> I do not have support for medication |
| <input type="checkbox"/> Neither Agree or Disagree | <input type="checkbox"/> I am a family member/advocate and do not know the answer to this |
| <input type="checkbox"/> Somewhat Disagree | |

9. Please rate your level of agreement to the following statement:

Staff and Bluebird Care encourage me to manage my own medication.

- | | |
|---|---|
| <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Strongly Disagree |
| <input type="checkbox"/> Agree | <input type="checkbox"/> I do not have support for medication |
| <input type="checkbox"/> Disagree | |

Section 2 - Communication & Service

This section relates to the management and co-ordination of your ongoing care.
Please rate your level of agreement to the below statements:

10. Bluebird Care regularly reviews my Care Plan with me.

Strongly Agree

Strongly Disagree

Agree

Not applicable / Do not know

Disagree

11. I know who my Community Care Manager is, who helps to set-up, review, manage and co-ordinate my Care Plan with me.

Yes

No

Unsure

12. Bluebird Care involves me fully in making decisions about my Care, treatment and support.

Strongly Agree

Strongly Disagree

Agree

I am a relative

Disagree

13. I feel staff, which includes my Carers and Management, take time to listen to me.

Strongly Agree

Strongly Disagree

Agree

Not applicable / Do not know

Disagree

Section 2 - continued.....

14. If there are changes to my Care Plan which I have agreed to, they do actually happen.

Strongly Agree

Strongly Disagree

Agree

Not applicable / Do not know

Disagree

15. I know how to raise a concern and/or how to raise a complaint if I am unhappy about my Care or service with Bluebird Care?

Yes

No

16. Bluebird Care listens to my concerns, complaints and comments and does something about them.

Strongly Agree

Somewhat disagree

Agree

Disagree

Somewhat agree

Strongly disagree

Neither agree nor disagree

17. Bluebird Care encourages and supports those that matter to me to express their views about my care arrangements.

Strongly Agree

Somewhat disagree

Agree

Disagree

Somewhat agree

Strongly disagree

Neither agree nor disagree

Section 2 - continued.....

18. I feel that Bluebird Care supports me (or my relative) to meet my reasonable preferences about how I want to live my daily life and promotes my independence and choices.

Strongly Agree

Strongly Disagree

Agree

Not applicable

Disagree

19. Bluebird Care provides access to a system for me to compliment staff to the management.

Strongly Agree

Strongly disagree

Agree

Not applicable

Disagree

20. I know how to raise concerns about my own safety and the safety of other people living with me (if any).

Yes

Strongly Disagree

No

I am a relative and unsure

Unsure (Customer)

Section 3 - The Bluebird Care Team

At Bluebird Care, we want to ensure that customers, their families and carers experience care that is empowering and provided by staff who involve customers and treat people with Dignity, Respect and Compassion.
Please rate your level of agreement to the below statements:

21. Bluebird Care properly recruits staff that I feel safe with.

Strongly Agree

Strongly disagree

Agree

Not applicable/Do not know

Disagree

22. I feel that the staff who provide my Care, are competent and well trained.

Strongly Agree

Strongly Disagree

Agree

Not applicable/Do not know

Disagree

23. Staff do not complain to me, or burden me with their personal problems.

Strongly Agree

Strongly Disagree

Agree

Not applicable/Do not know

Disagree

24. Staff treat me with kindness and compassion and are always caring towards me (or my relative if answering on behalf of our Customer).

Strongly Agree

Strongly Disagree

Agree

Not applicable/Do not know

Disagree

Section 3 - continued.....

25. I feel that Staff treat me with Dignity and Respect at all times.

Strongly Agree

Strongly disagree

Agree

Not applicable/Do not know

Disagree

26. Staff take action to support me if I am distressed or in discomfort.

Strongly Agree

Strongly Disagree

Agree

Not applicable/Do not know

Disagree

27. Staff respond to me health needs, discuss them, listen to what I say and do something about it.

Strongly Agree

Strongly Disagree

Agree

Not applicable/Do not know

Disagree

Section 4 - Satisfaction

28. Overall, how satisfied are you with the Care and Service you receive from Bluebird Care?

Very satisfied

Dissatisfied

Satisfied

Very Dissatisfied

Neither satisfied nor dissatisfied

Section 4 - continued.....

29. In your opinion and experience, what do Bluebird Care do well?

30. In your opinion and experience, what could Bluebird Care do to improve?

31. On a scale of 1 to 10, 1 being the lowest - not likely to recommend, 10 being the highest, most likely to recommend, how likely are you to recommend Bluebird Care to another?

- | | |
|--|--|
| <input type="checkbox"/> 1 - Not likely at all | <input type="checkbox"/> 6 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 7 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 8 |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 9 |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 10 - Would definitely recommend |

32. Would you like a member of the management team to contact you to discuss the feedback you have given in this survey?

- Yes
- No

Section 4 - continued.....

34. We would like to re-commence our customer Knitting Club, providing all materials and patterns to customers and we can knit for local charities and causes. Would you like to join?

Yes

No

35. Please feel free to add any other comments you would like:

How do I return this Survey back to Bluebird Care?

Option 1 - Complete the above booklet with your FREE Bluebird Care pen and return it to us in the pre-addressed and stamped envelope enclosed.

Option 2 - If you would prefer, you and/or your relative can complete the survey online, via the below URL. Simply put the address into your internet browser and you can complete it online.

<https://www.surveymonkey.co.uk/r/XJCXR3N>

Option 3 - Return it via your Bluebird Care Care Assistant. If you have trouble getting access to a post box, simply complete the survey and return it to your Bluebird Care Assistant at their next visit.

THANK YOU SO MUCH FOR COMPLETING THIS SURVEY